

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12304

1. Entity Name

ASSESSMENT SYSTEMS, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90010 043 \*\*\*150.00

Principal Place of Business

Mailing Address

3 BALA PLAZA  
 STE - W-300  
 BALA CYNWYD PA 19004  
 US

6277 SEA HARBOR DRIVE  
 ORLANDO FL 32887-0001  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2212698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
 NAME BANKS, M.  
 STREET ADDRESS 6277 SEA HARBOR DR  
 CITY-ST-ZIP ORLANDO FL 32887

TITLE C ☐ Delete  
 NAME DILWORTH, JOHN R.  
 STREET ADDRESS 55 ACADEMIC CT.  
 CITY-ST-ZIP SAN ANTONIO TX 78204

TITLE EVP ☐ Delete  
 NAME LENKE, JOANNE  
 STREET ADDRESS 555 ACADEMIC COURT  
 CITY-ST-ZIP SAN ANTONIO TX 78204

TITLE AS ☐ Delete  
 NAME DIRKSEN, K L  
 STREET ADDRESS 6277 SEA HARBOR DR  
 CITY-ST-ZIP ORLANDO FL 32887

TITLE SVP ☐ Delete  
 NAME RICHARDS, STEPHEN C  
 STREET ADDRESS 27 BOYLSTON ST  
 CITY-ST-ZIP CHESTNUT HILL MA 02167

TITLE T ☐ Delete  
 NAME GIBBONS, P F  
 STREET ADDRESS 27 BOYLSTON ST  
 CITY-ST-ZIP CHESTNUT HILL MA 02167

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD R. DICKINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)